

ENTRON SECURITY SERVICES

Daily Security Report

Client No. Client	Name						Location					Date			
2036 C	.H. Me	eterial:	s				1004	100	wego,S	عدر <i>خ</i>		ע א	111.19)~	
Facility Defex Clock Weapon No. N/A	Holster N/	Nightstiek	A Raisco	at V	Flashlight	3 -	Other	, <i>L</i>	~ <i>}</i>	-1-	adio		16/0		
Officers: Fully explain all items marked "Yes" with time	Officer—Day Shift (Name)						Shift (Name)	(Name) Logbook/2 Keys/A				icer_Grave Shift (Name)			
and all detail. For additional space use reverse side and attach incident reports.	enneth telif			P. Bloom guest			fo	Officer-Grave Shift (Name) Patrick w Mathena							
side and attach moreon reports.	Shift	SAMPM Ended			Shift		400 AM D Ended /200-M			Snirt					
Observations or actions taken	Began Yes No	5 (AMYTM	Ended Explanation	AM-PM	Began	No	AM-MO	Explanation	1200 ME	began Yes	No	AMPM	Ended Explanation	8 AMD	
Rounds or stations missed	V					X		Explained on		163	2		Схранацоп		
Unlocked doors, gates or windows	V					X					V				
Unlocked vaults or safes	V					X					1				
Fire-smoke-or hazards	V					X	i		- <u></u>		V				
Extinguishers missing or defective	V					X					1			-	
2. Sprinkler system defective	V					X		·	······································						
3. Fire doors or exits blocked	V					X			. 1		1/				
4. Rubbish accumulation	V					X					1				
5. Motors running	V					X					1/				
6. Lights left burning	V				X		As Leg	מספתנו			1/7	irned c	wt light	5-0600	
Injury hazards	1					X.	7				1	,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u>= . 213m1.</u>		
Visitors	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					X					V				
Trespassing	C					X					V	,			
Violation of company rules	V					×					V				
Remarks															
											-	,			
													-		
									•						
IMPORTANT: If you were ill or injured pla	ease explain on	the reverse side	of this form and	call your su	pervisor	before le	eaving this post								
1. Were you injured during this tour?		Day Shift Yes No	1. Yes No	2. Yes	No	3. Swing Yes	Shift 1	es No	2 Yes No		ave Shift	1 Yes	No Ye	3. s No	
2. Did you suffer any illness?		Yes No.	Yes No	Yes	No	Yes	0	es No	Yes No	Ye	4	Yes	No Ye	s No	
3. Have you reported all accidents coming to your attention?		(PES) No	Yes No	Yes	No.	6		es No	Yes No	Ye	es) No	Yes	No Ye	s No	
	Signatures	Day Shift	meth	Feel	2:/	Swing 1	otrick	Bloom	nguis) G	ave Shift	rickw	mat	Kana	
	Signature				/	2			/	2.			139251		
	Signature	3.				3				3.					